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CONFIRMATION NO. 3564

<b>SERIAL NUMBER</b> 10/523,293	<b>FILING OR 371(c) DATE</b> 09/08/2005 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> KIL01 P-435
<b>APPLICANTS</b> Emmanuel Mastorakis, Fribourg, SWITZERLAND;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP03/08643 08/01/2003				
<b>** FOREIGN APPLICATIONS *****</b> EUROPEAN PATENT OFFICE (EPO) 20020100365 08/06/2002				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> SWITZERLAND	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 30
Examiner's Signature _____ Initials _____				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 277				
<b>TITLE</b> Medical device				
<b>FILING FEE RECEIVED</b> 765	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	